CLAIMS ONLY

Application Number	Filing Date
10/761030	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13						
14		1				
15	1					
16		1				
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48						
49						
50						
Total Indep	2					
Total Depend	4					
Total Claims	6					

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	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						